



Student Handbook Agreement

(This section to be completed by all students.)

I, (printed name) _____, attest that I have received and read the Ochsner Student Handbook and that I understand and agree to abide by the regulations and procedures as set forth in the Handbook, including but not limited to:

- Parking regulations
- ID badge procedures
- Fire & safety codes
- “Living the Legacy” non-smoking policy
- “The Ochsner Way” (Non-Negotiables)
- Infection Control
- Cell Phone Utilization
- HIPAA & Confidentiality
- Procedures for communicating with a deaf/HOH patient/ Limited English Proficiency
- USP 800
- FERPA

I understand and agree that failure to abide by the terms set forth in the Handbook could result in disciplinary action, up to and including dismissal from my clinical rotation.

Signature: _____ Date: _____

Student Nursing Agreement (LPN, RN, BSN, MSN, DNP)

(This section to be completed by nursing students ONLY.)

I, (printed name) _____, attest that I have received and read the “Nursing Student Rotation Information and Guidelines” section of the Ochsner Student Handbook and that I understand and agree to abide by the regulations and procedures as set forth in the Handbook, including but not limited to:

- Student nurse practice guidelines
- Medication administration
- Occurrence reporting
- APRN guidelines (for all APRN students)

I also attest that I have been oriented by my instructor regarding computer access/use (where applicable) and that I have been oriented to the campus (where applicable) at which my clinical education will take place.

Signature: _____ Date: _____